

ATTACHMENT J-1 - PROJECT DATA SHEET

Project No. (check one): #1 #2 #3 #4 #5 #6 #7 #8 #9 #10

1. Experience for: Offeror Joint-Venture Key Subcontractor Other

Firm Name:

Address:

DUNS Number(Project was performed under)

Phone Number:

Point of Contact:

Contact Phone Number & Email:

2. Work Performed as: Prime Contractor Sub Contractor Joint Venture Other (Explain)

Percent of project work self -performed:

If subcontractor, who was prime (Name/Phone #/Email):

If joint venture, who was joint venture partner(s) (Name/Phone #/Email):

3. Contract Number:

Delivery/Task Order Number:

Title:

Location:

CLIENT INFORMATION:

Name:

Title:

Phone Number:

Email Address:

4. Award Date (mm/dd/yy):

Completion Date (mm/dd/yy):

Note: For projects that are substantially complete, provide percent complete as of proposal submittal date and provide anticipated completion date.

5. Tasks Performed (Enter Section C task names):

6. Type of Contract/Task Order: (Check **ALL** that apply)

Firm-Fixed Price Time and Material Cost plus Award Fee Other (explain):

7. Award Amount:

Final Price:

Note: Award amount includes value at award and amount added /deducted by modification and final price/cost. For projects that are substantially complete, provide total cost of work performed to date, versus final project amount. If the project was performed as a subcontractor, this amount should reflect the value of the subcontract and not the total value of the project as a whole.

8. Provide a detailed description of the project and the relevancy to the project requirements of this RFP. Note: If project was performed as a subcontractor, the project description shall reflect the subcontract work and not the work under the project as a whole.

9. Provide a detailed description of what work your firm self-performed on this project:

10. Additional notes on the scope, magnitude/size, and/or complexity of the task order (optional)

Attachment J - 2 – IDIQ Contracts Data Sheet

Firm Name:
Address:
DUNS Number (Project was performed under):
Phone Number:
Point of Contact:
Contact Phone Number & Email:

Contract Number:		Total Contract Amount (Including all Mods):
Contract Title:		Total Award Value of All Task Orders:
Place(s) of Performance All Task Orders:		Total Award Value of Cost Task Orders:
		Total Award Value of Fixed Price Task Orders:
		Total Amount Billed to Date:
Contract Term/Period of Performance (Base and Option Years) Dates:		Total Number of Task Orders Awarded:
Contract Type: (e.g. CFAF,FFP, Hybrid)		Total Number of Task Orders => \$500K:
Total Number of Task Orders Awarded by Type (e.g. CPAF, FFP):		
Number Task Orders Awarded (by Type (FFP/COST) That Have Been Completed/Substantially Completed Since (insert month and year):		
Dollar Value of Task Orders (by Type(FFP/COST)That Have Been Completed/Substantially Completed Since (insert month and year):		
Highest Number and Total Dollar Value of CONCURRENT Task Orders That Have Been Performed Since (insert month and year):		
Number and Total Dollar Value of On-going Task Orders Pending Completion (Do Not Include Task Orders That are Included in the Substantially Complete Number or that are in the Closeout Process)		

Name and Address of Procuring Organization	Contracting Officer's Name, Phone, and Email Address	Technical or Program Manager's Name, Phone, and Email
Contract Contained FAR 52.219-19 Small Business Subcontracting Plan:		Use in Unrestricted Acquisitions

1. Overview of Work Performed Under the IDIQ Contract by the Offeror and Relevancy to the Solicitation:

2. Major Components Self-Performed by the Offeror or JV. Do not include Major Components Subcontracted Under the IDIQ Contract.

ATTACHMENT J-3

**OFFEROR'S KEY PERSONNEL
EXPERIENCE/QUALIFICATIONS**

Provide the following information, on separate sheets, to demonstrate each key personnel's qualifications and experience. Please see Section H of the solicitation for the key personnel qualification requirements.

Name:	
Proposed Assignment on this Contract <i>(Enter each type of Key Personnel):</i>	
Assigned Tasks in Section C:	
Dates of Employment at Current Firm Positions Held:	
Dates of Employment at Other Firms, Names of Other Firms, Positions Held for Other Firms. (Please list by date of employment, e.g., March 2001 – April 2005, ABC Corp, QC Manager)	
Educational Background: (Year, Degree, Specialization, Name of U.S. Accredited University)	
Professional Registration (if any): (Year, State, Discipline)	
Relevant Publications (Year, Date)	
Training Courses Completed that pertain to this contract:	
Familiar with the COE EM-385-1-1 and Hazard Identification and Safety Compliance	
Provide information on a maximum of 4 recent, relevant projects that were completed by the key personnel that would demonstrate their project experience with the assigned Section C tasks. If you are submitting information on an IDIQ type contract, please provide the below information on individual task orders. Provide the following for each project:	
Project #1	
a. Contract number/task order number	
b. Title and location of the project	
c. Start and Completion date of the project	
d. Dollar value of the project	
e. Clear description of the contract/task order scope of work	
f. Key personnel's role in project	

g. Clear description of the duties performed by the key personnel for the project.	
Project #2	
a. Contract number/task order number	
b. Title and location of the project	
c. Start and Completion date of the project	
d. Dollar value of the project	
e. Clear description of the contract/task order scope of work	
f. Key personnel's role in project	
g. Clear description of the duties performed by the key personnel for the project.	
Project #3	
a. Contract number/task order number	
b. Title and location of the project	
c. Start and Completion date of the project	
d. Dollar value of the project	
e. Clear description of the contract/task order scope of work	
f. Key personnel's role in project	
g. Clear description of the duties performed by the key personnel for the project.	
Project #4	
a. Contract number/task order number	
b. Title and location of the project	
c. Start and Completion date of the project	
d. Dollar value of the project	
e. Clear description of the contract/task order scope of work	
f. Key personnel's role in project	
g. Clear description of the duties performed by the key personnel for the project.	

ATTACHMENT J-4

SMALL BUSINESS PAST PERFORMANCE

Small Business Offerors, newly established Large Business Offerors, or Large Business Offerors with no prior SF294/ISR history shall complete this form. Large Business Offerors with a SF294 or ISR history shall submit SF294s or ISRs in lieu of completing this form.

(a) SUBCONTRACTING ACHIEVEMENT – Include actual dollar values subcontracted for each of the categories listed. Include the percentage goal only if a goal was established.

(1) Contract Number/Title:			
	ACTUAL		GOAL (if applicable)
Completion Date:	Total Contract Value: \$		
Total Subcontracted Value: \$	Whole Dollars	Percent	Percent
(a) Small Business Concerns (Including SDB, WOSB, HBCU/MI, HUBZone, VOSB, and SDVOSB) (Dollar amount and percent of line c.) Small Business Concerns (Non-Federal Certifications Examples: MBE (Minority Business Enterprise), DBE (Disadvantaged Business Enterprise), DVBE (Disabled Veteran Business Enterprise), SB (Small Business), WBE (Women’s Business Enterprise).			
(b) Large Business Concerns (Dollar amount and percent of line c.)			
(c) Total (sum of lines a & b above)			
(d) Small Disadvantaged Business Concerns (Dollar amount and percent of line c.) Including MBE & DBE			
(e) Women-Owned Small Business Concerns (Dollar amount and percent of line c.) Including WBE			
(f) HUBZone Small Business Concerns (Dollar amount and percent of line c.)			
(g) Veteran-Owned Small Business Concerns (Dollar amount and percent of line c.)			
(h) Service Disabled Veteran-Owned Small Business Concerns (Dollar amount and percent of line c.) Including DVBE			
Name of customer reference for this project: _____ Phone Number: _____ FAX Number: _____ Email address: _____			
(2) Contract Number/Title:			
	ACTUAL		GOAL (if applicable)
Completion Date:	Contract Dollar Value: \$		
Total Subcontracted Value: \$	Whole Dollars	Percent	Percent
(b) Small Business Concerns (Including SDB, WOSB, HBCU/MI, HUBZone, VOSB, and SDVOSB) (Dollar amount and percent of line c.) Small Business Concerns (Non-Federal Certifications Examples: MBE (Minority Business Enterprise), DBE (Disadvantaged Business Enterprise), DVBE (Disabled Veteran Business Enterprise), SB (Small Business), WBE (Women’s Business Enterprise).			
(b) Large Business Concerns (Dollar amount and percent of line c.)			
(c) Total (sum of lines a & b above)			
(d) Small Disadvantaged Business Concerns (Dollar amount and percent of line c.) Including MBE & DBE			
(e) Women-Owned Small Business Concerns (Dollar amount and percent of line c.) Including WBE			
(f) HUBZone Small Business Concerns (Dollar amount and percent of line c.)			

(g) Veteran-Owned Small Business Concerns (Dollar amount and percent of line c.)			
(h) Service Disabled Veteran-Owned Small Business Concerns (Dollar amount and percent of line c.) Including DVBE			

Name of customer reference for this project: _____
Phone Number: _____ FAX Number: _____
Email address: _____

(3) Contract Number/Title:	ACTUAL		GOAL (if applicable)
Completion Date: _____ Contract Dollar Value: \$ _____			
Total Subcontracted Value: \$ _____	Whole Dollars	Percent	Percent
(c) Small Business Concerns (Including SDB, WOSB, HBCU/MI, HUBZone, VOSB, and SDVOSB) (Dollar amount and percent of line c.) Small Business Concerns (Non-Federal Certifications Examples: MBE (Minority Business Enterprise), DBE (Disadvantaged Business Enterprise), DVBE (Disabled Veteran Business Enterprise), SB (Small Business), WBE (Women's Business Enterprise).			
(b) Large Business Concerns (Dollar amount and percent of line c.)			
(c) Total (sum of lines a & b above)			
(d) Small Disadvantaged Business Concerns (Dollar amount and percent of line c.) Including MBE & DBE			
(e) Women-Owned Small Business Concerns (Dollar amount and percent of line c.) Including WBE			
(f) HUBZone Small Business Concerns (Dollar amount and percent of line c.)			
(g) Veteran-Owned Small Business Concerns (Dollar amount and percent of line c.)			
(h) Service Disabled Veteran-Owned Small Business Concerns (Dollar amount and percent of line c.) Including DVBE			

Name of customer reference for this project: _____
Phone Number: _____ FAX Number: _____
Email address: _____

Note: Form may be expanded.

ATTACHMENT J-5
SMALL BUSINESS SUBCONTRACTING PLAN
(Template)

*This template has been designed to be consistent with FAR 19.704, Subcontracting Plan Requirements and FAR clause 52.219-9, Small Business Subcontracting Plan (“Subcontracting Plan”). Other formats of a small business subcontracting plan may be acceptable. However, failure to include the essential information as exemplified in this template may be cause for either a delay in acceptance or the rejection of a bid or offer where the clause is applicable.

(TO BE SUBMITTED BY LARGE BUSINESSES)

(CONTRACTOR’S NAME)
(ADDRESS)

(Solicitation or Contract Number)

(Title of the Project and Location)

(Date Prepared)

Type of Report (Individual, Commercial, Master)

PLAN SUBMITTED BY:	
Signature: _____	Date: _____
Printed Name: _____	
Title: _____	
REVIEWED:	
_____ Small Business Specialist	_____ Date
REVIEWED:	
_____ Small Business Administration Procurement Center Representative	_____ Date
ACCEPTED:	
_____ Procuring Contracting Officer	_____ Date

SUBCONTRACTING PLAN

The following, together with any attachments, is submitted as a Subcontracting Plan to satisfy the requirements of Federal Acquisition Regulations 19.704. The following goals are established for the Base Period and/or all Bid Items including all option periods. This contract does does not contain option periods. Use Attachment (1) for showing the breakdown of the base year and option periods. Percentages may be rounded to nearest tenth of a percent.

1. a. Total Contract Value \$ _____
(including options)
- b. Total Subcontracted \$ _____ % of 1.a
(inclusive of all planned subcontracting to all businesses, regardless of size)
- c. Total Prime-performed \$ _____ % of 1.a

2. The following dollars and percentage goals are applicable to the contract cited above. (See FAR 19.704(a)(1) and (2))

- a. Large Business (LB) \$ _____ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are large business concerns.

- b. Small Business (SB) \$ _____ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are small business concerns^{**}; include contracts awarded under the AbilityOne Program (formerly Javits Wagner O'Day Act Contracts (JWOD)) to NISH and NIB; and awards to Alaskan Native Corporations (ANCs) and Indian Tribes as prescribed in FAR 19.703(c) & FAR 52.219-9.

(**includes all small businesses, including Small, Small Disadvantaged Business (SDB), Women-Owned Small Business (WOSB), Historically Underutilized Business Zone (HUBZone), Veteran-Owned Small Business (VOSB), Service-Disabled Veteran-Owned Small Business (SDVOSB) concerns, and Historically Black Colleges, Universities and Minority Institutions (HBCU/MI))

(Include 2.c, 2.d, 2.e, 2.f, 2.g, 2.h, 2.i, 2.j, and 2.k below).

Attach supporting rationale for goals less than _____%.

Notes:

(1) Lines 1.b + 1.c = 100% of Line 1.a

(2) Lines 2.a + 2.b = 100% of Line 1.b

(3) Lines 2.c, 2.d, 2.e, 2.f, 2.g, 2.h, 2.i, 2.j, and 2.k are calculated against Line 1.b, the total value of overall subcontracting dollars.

(4) Subcontracts to companies that qualify in multiple categories of SB must be reported under each category. For example: if you are planning to subcontract \$100,000 to company ABC, a woman-owned small disadvantaged business that is also a certified HUBZone, you will report \$100,000 on line 2.b (SB), 2.c (HUBZone), 2.d (WOSB) and 2.e (SDB).

(5) The sum of 2.c through 2.k does not automatically equate to the value of 2.b.

(6) Designated HUBZone Small Businesses must be certified by the Small Business Administration (SBA).

- c. HUBZone SB \$ _____ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are qualified HUBZone small business concerns certified by SBA. Attach supporting rationale for goals less than _____%. (Included in 2.b, above, as a subset.)

d. Woman-Owned SB \$ _____ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are WOSB. Attach supporting rationale for goals less than _____%. (Included in 2.b, above, as a subset.)

e. Small Disadvantaged Business \$ _____ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are small business concerns owned and controlled by Socially and Economically Disadvantaged individuals (include in this category the planned subcontracting dollars to HBCU/MI shown in 2.h below, and the planned subcontracting dollars to ANCs and Indian Tribes shown in 2.j below). Attach supporting rationale for goals less than _____%. (Included in 2.b, above, as a subset.)

f. Veteran-Owned SB \$ _____ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are small business concerns owned and controlled by VOSB (include in this category the planned subcontracting dollars to SDVOSB shown in 2.g below). Attach supporting rationale for goals less than _____%. (Included in 2.b, above, as a subset.)

g. Service-Disabled Veteran-Owned SB \$ _____ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are small business concerns owned and controlled by SDVOSB. Attach supporting rationale for goals less than _____%. (Included in 2.b and 2.f, above, as a subset.)

h. Historically Black Colleges & Universities/Minority Institutions \$ _____ % of 1.b.

This number represents total planned subcontracting dollars under this contract that will go to HBCU/MI as identified in FAR 26. (Included in 2.b and 2.e, above, as a subset.)

i. AbilityOne (Formerly JWOD) \$ _____ % of 1.b.

This number represents total planned subcontracting dollars under this contract that will go to AbilityOne participating Nonprofit Agencies (sometimes referred to community rehabilitation programs, work centers, industries, or rehabilitation facilities). Per DFARS 219.703, subcontracts awarded to qualified non-profit agencies for the blind or severely disabled may be counted toward the small business subcontracting goal. (Included in 2.b, above, as a subset.)

j. Alaskan Native Corporations & Indian Tribes \$ _____ % of 1.b.

This number represents total planned subcontracting dollars under this contract that will go to ANCs and Indian Tribes that are not SDBs where you are either subcontracting directly to the ANC or Indian Tribe or where you have been designated to receive their SDB credit. (See FAR 19.703 & FAR 52.219-9) (Included in 2.b and 2.e, above, as a subset.)

k. Alaskan Native Corporations & Indian Tribes \$ _____ % of l.b.

This number represents total planned subcontracting dollars under this contract that will go to ANCs and Indian Tribes that are not small businesses where you are either subcontracting directly to the ANC or Indian Tribe or where you have been designated to receive their SB credit. (See FAR 19.703 & FAR 52.219-9) (Included in 2.b, above, as a subset.)

3. The following principal products and/or services will be subcontracted under this contract. Additional sheets may be added as required. (See FAR 19.704(a)(3))

a. Products/services planned for subcontracting to LB concerns:

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

b. Products/services planned to be subcontracted to SB concerns:

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

c. Products/services planned to be subcontracted to HUBZone concerns:

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

d. Products/services planned to be subcontracted to WOSB concerns:

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

e. Products/services planned for subcontracting to SDB concerns:

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

f. Products/services planned for subcontracting to VOSB concerns:

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

g. Products/services planned for subcontracting to SDVOSB concerns:

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

h. Products/services planned for subcontracting to HBCU/MIs:

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

i. Products/services planned for subcontracting to AbilityOne organizations (formerly JWOD):

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

j. Planned products/services for subcontracting to ANCs and Indian Tribes that are not SDBs. (See 2.j above for explanation):

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

k. Planned products/services for subcontracting to ANCs and Indian Tribes that are not SBs. (See 2.k above for explanation.)

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

(ATTACH ADDITIONAL PAGES IF ADDITIONAL SPACE IS REQUIRED)

4. The following method was used to develop the above subcontracting goals. Include a statement explaining how the products and services to be subcontracted were established, how the areas to be subcontracted to SB, SDB, WOSB, HUBZone, VOSB, SDVOSB concerns, HBCU/MIs, AbilityOne program participants, ANCs and Indian Tribes were determined, and how their capabilities were determined. (See FAR 19.704(a)(4))

5. Source lists utilized in making the determinations in paragraph 4, above are as follows: (See FAR 19.704(a)(5))

6. Indirect and overhead costs have have not been included in the goals specified in 1. and 2. above. If "have" is checked, explain the method used in determining the proportionate share of indirect and overhead costs to be allocated as subcontracts to SB, SDB, WOSB, HUBZone SB, VOSB, SDVOSB concerns, HBCU/MI, AbilityOne program participants, ANCs, and Indian Tribes, and the products and services planned: (See FAR 19.704(a)(6))

7. The following employee will administer the subcontracting program: (See FAR 19.704(a)(7))

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____ FAX NO.: _____

EMAIL: _____

TITLE: _____

This individual's specific duties, as they relate to the firm's subcontracting plan, are general overall responsibility for this company's Small Business Program. This person should have knowledge of the federal small business programs and be knowledgeable about federal procurement practices. If the prime decides to change the person in this position, they must notify the Contracting Officer and the Deputy for Small Business. The administrator is responsible for the development, preparation and execution of this subcontracting plan, and for monitoring performance relative to contractual subcontracting requirements contained in this plan, including, but not limited to:

- a. Developing and maintaining bidders lists of SB, SDB, WOSB, HUBZone SB, VOSB, SDVOSB concerns, AbilityOne program participants, HBCU/MIs, ANCs, and Indian Tribes (hereafter referred to as the small business community) from all possible sources.
- b. Ensuring that procurement packages are structured to permit the small business community to participate to the maximum extent possible.
- c. Assuring inclusion of the small business community in all solicitations for products or services, which they are capable of providing.
- d. Reviewing solicitations to remove statements, clauses, etc., which may tend to restrict or prohibit the small business community participation.
- e. Ensuring periodic rotation of potential subcontractors on bidders lists.
- f. Ensuring that the bid proposal review board documents its reasons for not selecting low bids submitted by the small business community.
- g. Ensuring the establishment and maintenance of records of solicitations and subcontract award activity.
- h. Attending or arranging for attendance of company counselors at Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, etc.
- i. Conducting or arranging for the motivational training for purchasing personnel pursuant to the intent of P.L. 95-507.
- j. Monitoring attainment of proposed goals.
- k. Preparing and submitting required periodic subcontracting reports.
- l. Coordinating contractor's activities during the conducting of compliance reviews by Federal agencies.
- m. Coordinating the conduct of contractor's activities involving its small business subcontracting program.
- n. Additions to (or deletions from) the duties specified above are as follows:

8. The following efforts will be taken to assure that the small business community will have an equitable opportunity to compete for subcontracts. (See FAR 19.704(a)(8))

a. Outreach efforts will be made by identifying:

- Contacts with minority and small business trade associations.
- Contacts with business development organizations.
- Attendance at small and minority business procurement conference and trade fairs.

b. Sources will be requested from the *Central Contractor Registration (CCR)* website available at <http://www.ccr.gov/> on the Internet.

Automated data base sources to be used, other than CCR, will be as follows.

c. The following internal efforts will be made to guide and encourage buyers:

- (i) Workshops, seminars and training programs will be conducted.
- (ii) Activities will be monitored to evaluate compliance with this subcontracting plan.
- (iii) Arrange interviews with the small business community.

d. Describe how your small business data base, source lists, guides, and other data will be maintained and utilized by buyers in soliciting subcontracts; e.g., rotation of firms in the data base, keeping data base current and useful, etc.

e. Additions to (or deletions from) the above listed efforts are as follows:

9. The Offeror (contractor) agrees that the FAR clause 52.219-8 entitled "Utilization of Small Business Concerns " will be included in all subcontracts which offer further subcontracting opportunities, and all subcontractors, except SB concerns, who receive subcontracts in excess of \$650,000 (\$1,500,000 for Construction) will be required to adopt and comply with subcontracting plan similar to this one. Such plans will be reviewed by comparing them with the provisions of P.L. 95-507 and assuring that all minimum requirements of an acceptable subcontracting plan have been satisfied. The acceptability of percentage goals shall be determined on a case-by-case basis depending on the supplies/services involved, the availability of potential small and small disadvantaged subcontractors, and prior experience. Once approved and implemented, plans will be monitored through the submission of periodic reports, and/or, as time and availability of funds permit, periodic visits to review subcontracting program progress. (See FAR 19.704(a)(9))

10. The Offeror (contractor) agrees to submit such periodic reports and cooperate in any studies or surveys as may be required by the contracting agency or the Small Business Administration in order to determine the extent of compliance by the Offeror (contractor) with the subcontracting plan and with FAR clause 52.219-8. (See FAR 19.704(a)(10)(i) and (ii))

11. The Offeror (contractor) agrees to: (See FAR 19.704(a)(10)(iii)-(vi))

- a. Submit the Individual Subcontract Report (ISR) and the Summary Subcontract Report (SSR) using the Electronic Subcontracting Reporting System (eSRS) at <http://www.esrs.gov>, following the instructions in the eSRS and FAR Clause 52.219-9;

1st reporting period – Oct 1 through March 31 Submit NLT 30 April
2nd reporting period – Oct 1 through September 30 Submit NLT 30 October

A separate “Final” ISR is required at contract completion.

Upon award of the contract, the identity of the individual(s) responsible for acknowledging receipt or rejecting the ISR and the SSR will be provided to the awardee.

- b. Ensure that its large business subcontractors with subcontracting plans agree to submit the ISR and/or the SSR using the eSRS;
- c. Provide its prime contract number and its DUNS number, and the e-mail address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to all first tier large business subcontractors with subcontracting plans so they can enter this information into the eSRS when submitting their reports; and
- d. Require that each large business subcontractor with a subcontracting plan provide the prime contract number and its own DUNS number, and the e-mail address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to its large business subcontractors with subcontracting plans.
- e. Ensure that the identified Contracting Officer and Small Business Specialist assigned to the contract are included on the eSRS email notification distribution upon submission of each report.

****Note 1: If contract value is \$25,000 or more and the solicitation includes FAR Clause 52.204-10, Reporting Executive Compensation and First-Tier Subcontract Awards, ensure additional reporting requirements are met in eSRS in accordance with this clause.***

- 12. The Offeror (contractor) agrees to maintain at least the following types of records to document compliance with this subcontracting plan: (See FAR 19.704(a)(11))
 - a. Source lists, guides, and other data identifying concerns in the small business community.
 - b. Organizations contacted to locate firms in the small business community.
 - c. On a contract-by-contract basis, records on all subcontract solicitations over \$150,000 and indicating for each solicitation;
 - (i) whether concerns in the small business community were solicited, and if not, why not; and
 - (ii) reasons for the failure of the solicited concerns in the small business community to receive the subcontract award.
 - (iii) written designations from ANCs or Indian Tribes, in accordance with FAR 19.703, if applicable.
 - d. Records to support other outreach efforts, e.g., contacts with small business trade associations, business development organizations, and attendance at small business procurement conferences and trade fairs, and frequency of accessing CCR.

*****END OF PLAN*****

The original copy of this plan is included in the file and made a material part of the contract.

Copy to:
Small Business Specialist
SBA PCR

BASE PERIOD AND OPTION YEAR SUBCONTRACTING GOALS
SOLICITATION (*Insert Solicitation/Contract Number*)

	<u>Base Period</u>	<u>Option Period 1</u>	<u>Option Period 2</u>	<u>Total Periods</u>
1.a <u>Total Contract</u>	\$ _____	\$ _____	\$ _____	\$ _____
1.b <u>Total Subcontracted</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.a)</u>	% _____	% _____	% _____	% _____
1.c <u>Total Prime</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.a)</u>	% _____	% _____	% _____	% _____
2.a <u>To LB</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____
2.b <u>To SB</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____
2.c <u>To HUBZone SB</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____
2.d <u>To WOSB</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____
2.e <u>To SDB</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____
2.f <u>To VOSB</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____
2.g <u>To SDVOSB</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____
2.h <u>To HBCU/MI</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____
2.i <u>To AbilityOne</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	\$ _____
2.j <u>To ANCs/Indian Tribes, Not SDBs</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____
2.k <u>To ANCs/Indian Tribes, Not SBs</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____

ATTACHMENT J-6
PROPOSED SUBCONTRACTING PARTICIPATION BREAKDOWN
(TO BE SUBMITTED BY SMALL BUSINESSES)

(CONTRACTOR'S NAME)
 (ADDRESS)

Solicitation or Contract Number

(Title of the Project)
 (Location)

(Date Prepared)

SUBCONTRACTING BREAKDOWN – (Base Year and/or All Bid Items excluding Options)

1. Estimated \$ value of all planned subcontracting \$ _____
2. Estimated \$ value of all work to be performed by Offeror's workforce \$ _____
3. Total \$ value of the proposal (sum of 1 and 2) \$ _____
4. Subcontracts for products and services to be awarded under this project.

a. Large Business: (LB)

<u>NAME OF COMPANY</u>	<u>TYPE OF SERVICES</u>	<u>\$ VALUE OF SUBCONTRACT</u>
TOTAL:		\$ _____

b. Small Business (SB)

<u>NAME OF COMPANY</u>	<u>TYPE OF SERVICES</u>	<u>\$ VALUE OF SUBCONTRACT</u>
TOTAL:		\$ _____

(1) SMALL DISADVANTAGED BUSINESSES: (SDB)

<u>NAME OF COMPANY</u>	<u>TYPE OF SERVICES</u>	<u>\$ VALUE OF SUBCONTRACT</u>
TOTAL:		\$ _____

(2) WOMEN-OWNED SMALL BUSINESSES: (WOSB)

NAME OF COMPANY TYPE OF SERVICES \$ VALUE OF SUBCONTRACT

TOTAL: \$ _____

(3) HISTORICALLY UNDERUTILIZED BUSINESS ZONE (HUBZone) BUSINESS:
NAME OF COMPANY TYPE OF SERVICES \$ VALUE OF SUBCONTRACT

TOTAL: \$ _____

(4) VETERAN OWNED SMALL BUSINESS: (VOSB)
NAME OF COMPANY TYPE OF SERVICES \$ VALUE OF SUBCONTRACT

TOTAL: \$ _____

(5) SERVICE-DISABLED VETERAN OWNED SMALL BUSINESS: (SDVOSB)
NAME OF COMPANY TYPE OF SERVICES \$ VALUE OF SUBCONTRACT

TOTAL: \$ _____

(6) HISTORICALLY BLACK COLLEGES AND UNIVERSITIES & MINORITY INSTITUTIONS: (HBCU/MI)
NAME OF C, U, OR MI TYPE OF SERVICES \$ VALUE OF SUBCONTRACT

TOTAL: \$ _____

(7) ABILITYONE PROGRAM (FORMERLY JWOD) - NISH
NAME OF COMPANY TYPE OF SERVICES \$ VALUE OF SUBCONTRACT

TOTAL: \$ _____

NOTES:

1. The sum of lines 4.a and 4.b must equal line 1.

2. Lines 4.b. (1) through 4.b (7) identify various categories of small businesses under the main small business (SB) group. Subcontracts to companies that qualify in multiple categories must be reported under each category. For example: if you are planning to subcontract \$100,000 to ABC, a woman-owned small disadvantaged business that is also a certified HUBZone small business, you will report \$100,000 on line 4.b SB, line 4.b (1) SDB, line 4.b (2) WOSB and line 4.b.(3) HUBZone SB.

Line Item	<u>Base</u>	<u>Option</u> <u>1</u>	<u>Option</u> <u>2</u>	<u>Option</u> <u>3</u>	<u>Option</u> <u>4</u>	<u>TOTAL</u>
DOLLARS						
Total dollar value of this contract.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Subcontracted	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Large Business	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Small Business	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SDB	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
WOSB	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
HUBZone SB	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
VOSB	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SDVOSB	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
HBCU/MI	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ABILITYONE - NISH	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PERCENTAGES

*Large Business	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
*Small Business	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
*SDB	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
*WOSB	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
*HUBZone SB	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
*VOSB	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
*SDVOSB	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
*HBCU/MI	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
*ABILITYONE - NISH	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
*% of total dollars subcontracted						

ATTACHMENT J-7

1. The NAVFAC Form PPQ shall be utilized for all evaluations that require a Past Performance Questionnaire (PPQ).

2. Solicitation Submittal Requirements:

For each project reference, the Offeror must submit a completed Contractor Performance Assessment Reporting System (CPARS) evaluation or a Past Performance Questionnaire (PPQ). If a completed CPARS evaluation is available for the contract, the Offeror must submit the CPARS evaluation. If a CPARS evaluation has NOT been completed for the contract, a PPQ must be submitted. **AN OFFEROR SHALL NOT SUBMIT A PPQ WHEN A COMPLETED CPARS IS AVAILABLE.**

If a CPARS evaluation is not available, Offerors must submit the PPQ form to the client for completion. Offerors should ensure correct phone numbers and email addresses are provided for the client on the PPQs. If submitting a PPQ for a Subcontractor, the PPQ must be completed by the client, not by the Prime Contractor. Completed Past Performance Questionnaires should be submitted with your proposal. If the offeror is unable to obtain a completed PPQ from a client for a project(s) before proposal closing date, the offeror should complete and submit with the proposal the first page of the PPQ, which will provide contract and client information for the respective project(s). Offerors should follow-up with clients to ensure timely submittal of the questionnaires. If the client requests, questionnaires may be emailed from the client directly to the Government's point of contacts: Elizabeth.Corder@navy.mil and Geralyn.Castro@navy.mil prior to the RFP closing date/time. In order for the reference to be considered and evaluated, the PPQs completed by the Offeror's client must be received by the Contracting Officer by the above deadline; and if received after the date/time specified, will be handled as a late proposal modification in accordance with FAR 15.208.

ATTACHMENT J-7

NAVFAC/USACE PAST PERFORMANCE QUESTIONNAIRE (Form PPQ-0)

CONTRACT INFORMATION (Contractor to complete Blocks 1-4)

1. Contractor Information

Firm Name:

CAGE Code:

Address:

DUNs Number:

Phone Number:

Email Address:

Point of Contact:

Contact Phone Number:

2. Work Performed as: Prime Contractor Sub Contractor Joint Venture Other (Explain)

Percent of project work performed:

If subcontractor, who was the prime (Name/Phone #):

3. Contract Information

Contract Number:

Delivery/Task Order Number (if applicable):

Contract Type: Firm Fixed Price Cost Reimbursement Other (Please specify):

Contract Title:

Contract Location:

Award Date (mm/dd/yy):

Contract Completion Date (mm/dd/yy):

Actual Completion Date (mm/dd/yy):

Explain Differences:

Original Contract Price (Award Amount):

Final Contract Price (*to include all modifications, if applicable*):

Explain Differences:

4. Project Description:

Complexity of Work High Med Routine

How is this project relevant to project of submission? (*Please provide details such as similar equipment, requirements, conditions, etc.*)

CLIENT INFORMATION (Client to complete Blocks 5-8)

5. Client Information

Name:

Title:

Phone Number:

Email Address:

6. Describe the client's role in the project:

7. Date Questionnaire was completed (mm/dd/yy):

8. Client's Signature:

NOTE: NAVFAC REQUESTS THAT THE CLIENT COMPLETES THIS QUESTIONNAIRE AND SUBMITS DIRECTLY BACK TO THE OFFEROR. THE OFFEROR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO NAVFAC WITH THEIR PROPOSAL, AND MAY DUPLICATE THIS QUESTIONNAIRE FOR FUTURE SUBMISSION ON NAVFAC SOLICITATIONS. CLIENTS ARE HIGHLY ENCOURAGED TO SUBMIT QUESTIONNAIRES DIRECTLY TO THE OFFEROR. HOWEVER, QUESTIONNAIRES MAY BE SUBMITTED DIRECTLY TO NAVFAC. PLEASE CONTACT THE OFFEROR FOR NAVFAC POC INFORMATION. THE GOVERNMENT RESERVES THE RIGHT TO VERIFY ANY AND ALL INFORMATION ON THIS FORM.

*ADJECTIVE RATINGS AND DEFINITIONS TO BE USED TO BEST REFLECT
YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE*

RATING	DEFINITION	NOTE
(E) Exceptional	Performance meets contractual requirements and exceeds many to the Government/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor was highly effective.	An Exceptional rating is appropriate when the Contractor successfully performed multiple significant events that were of benefit to the Government/Owner. A singular benefit, however, could be of such magnitude that it alone constitutes an Exceptional rating. Also, there should have been NO significant weaknesses identified.
(VG) Very Good	Performance meets contractual requirements and exceeds some to the Government's/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.	A Very Good rating is appropriate when the Contractor successfully performed a significant event that was a benefit to the Government/Owner. There should have been no significant weaknesses identified.
(S) Satisfactory	Performance meets minimum contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.	A Satisfactory rating is appropriate when there were only minor problems, or major problems that the contractor recovered from without impact to the contract. There should have been NO significant weaknesses identified. Per DOD policy, a fundamental principle of assigning ratings is that contractors will not be assessed a rating lower than Satisfactory solely for not performing beyond the requirements of the contract.
(M) Marginal	Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.	A Marginal is appropriate when a significant event occurred that the contractor had trouble overcoming which impacted the Government/Owner.
(U) Unsatisfactory	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.	An Unsatisfactory rating is appropriate when multiple significant events occurred that the contractor had trouble overcoming and which impacted the Government/Owner. A singular problem, however, could be of such serious magnitude that it alone constitutes an unsatisfactory rating.
(N) Not Applicable	No information or did not apply to your contract	Rating will be neither positive nor negative.

Contractor Information (Firm Name): _____

Client Information (Name): _____

TO BE COMPLETED BY CLIENT

PLEASE CIRCLE THE ADJECTIVE RATING WHICH BEST REFLECTS YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE.

1. QUALITY:	
a) Quality of technical data/report preparation efforts	E VG S M U N
b) Ability to meet quality standards specified for technical performance	E VG S M U N
c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance	E VG S M U N
d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance)	E VG S M U N
2. SCHEDULE/TIMELINESS OF PERFORMANCE:	
a) Compliance with contract delivery/completion schedules including any significant intermediate milestones. <i>(If liquidated damages were assessed or the schedule was not met, please address below)</i>	E VG S M U N
b) Rate the contractor's use of available resources to accomplish tasks identified in the contract	E VG S M U N
3. CUSTOMER SATISFACTION:	
a) To what extent were the end users satisfied with the project?	E VG S M U N
b) Contractor was reasonable and cooperative in dealing with your staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports, businesslike and communication)	E VG S M U N
c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer?	E VG S M U N
d) Overall customer satisfaction	E VG S M U N
4. MANAGEMENT/ PERSONNEL/LABOR	
a) Effectiveness of on-site management, including management of subcontractors, suppliers, materials, and/or labor force?	E VG S M U N
b) Ability to hire, apply, and retain a qualified workforce to this effort	E VG S M U N
c) Government Property Control	E VG S M U N
d) Knowledge/expertise demonstrated by contractor personnel	E VG S M U N
e) Utilization of Small Business concerns	E VG S M U N
f) Ability to simultaneously manage multiple projects with multiple disciplines	E VG S M U N
g) Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes	E VG S M U N
h) Effectiveness of overall management (including ability to effectively lead, manage and control the program)	E VG S M U N
5. COST/FINANCIAL MANAGEMENT	
a) Ability to meet the terms and conditions within the contractually agreed price(s)?	E VG S M U N

Contractor Information (Firm Name): _____

Client Information (Name): _____

b) Contractor proposed innovative alternative methods/processes that reduced cost, improved maintainability or other factors that benefited the client	E	VG	S	M	U	N
c) If this is/was a Government cost type contract, please rate the Contractor's timeliness and accuracy in submitting monthly invoices with appropriate back-up documentation, monthly status reports/budget variance reports, compliance with established budgets and avoidance of significant and/or unexplained variances (under runs or overruns)	E	VG	S	M	U	N
d) Is the Contractor's accounting system adequate for management and tracking of costs? <i>If no, please explain in Remarks section.</i>	Yes			No		
e) If this is/was a Government contract, has/was this contract been partially or completely terminated for default or convenience or are there any pending terminations? <i>Indicate if show cause or cure notices were issued, or any default action in comment section below.</i>	Yes			No		
f) Have there been any indications that the contractor has had any financial problems? <i>If yes, please explain below.</i>	Yes			No		
6. SAFETY/SECURITY						
a) To what extent was the contractor able to maintain an environment of safety, adhere to its approved safety plan, and respond to safety issues? (Includes: following the users rules, regulations, and requirements regarding housekeeping, safety, correction of noted deficiencies, etc.)	E	VG	S	M	U	N
b) Contractor complied with all security requirements for the project and personnel security requirements.	E	VG	S	M	U	N
7. GENERAL						
a) Ability to successfully respond to emergency and/or surge situations (including notifying COR, PM or Contracting Officer in a timely manner regarding urgent contractual issues).	E	VG	S	M	U	N
b) Compliance with contractual terms/provisions (<i>explain if specific issues</i>)	E	VG	S	M	U	N
c) Would you hire or work with this firm again? (<i>If no, please explain below</i>)	Yes			No		
d) In summary, provide an overall rating for the work performed by this contractor.	E	VG	S	M	U	N

Please provide responses to the questions above (*if applicable*) and/or additional remarks. Furthermore, please provide a brief narrative addressing specific strengths, weaknesses, deficiencies, or other comments which may assist our office in evaluating performance risk (*please attach additional pages if necessary*):

Schedule of
 Current Year-to-Date Accounting Recorded and 3-Year Historical
Indirect Expense Pools, Allocation Bases, and Rates

Company name

City, State, Zip Code

The company's fiscal year is *month, day* to *month, day*.

Description	Fiscal Year End 2012	Fiscal Year End 2013	Fiscal Year End 2014	Current Year-to-Date As of 11/30/2015 Actng
-------------	-------------------------------	-------------------------------	-------------------------------	---

PRIMARY POOLS:

General & Administrative

Expense Pool	\$	\$	\$	\$
Allocation Base	\$	\$	\$	\$
Rate	%	%	%	%

Labor Overhead

Expense Pool	\$	\$	\$	\$
Allocation Base	\$	\$	\$	\$
Rate	%	%	%	%

Name: _____

Expense Pool	\$	\$	\$	\$
Allocation Base	\$	\$	\$	\$
Rate	%	%	%	%

INTERMEDIATE POOLS:

Name: _____

Expense Pool	\$	\$	\$	\$
Allocation Base	\$	\$	\$	\$
Rate	%	%	%	%

Name: _____

Expense Pool	\$	\$	\$	\$
Allocation Base	\$	\$	\$	\$
Rate	%	%	%	%

* Source for the Cost and Rate Data – Code Legend:

<u>Code</u>	<u>Description</u>
Final I/D	Final Annual Indirect Cost Rates proposal submitted to the DCAA
Actng	Company Accounting Books & Records

ATTACHMENT J-10

**FINANCIAL QUESTIONNAIRE
(To be submitted by Offeror)**

NAVFAC Expeditionary Warfare Center (EXWC) is currently considering award of a Navy contract to our firm. Prior to award, the Navy requires submission of the financial information listed below with regard to our firm. In order to be responsive to the Navy's needs it is requested that you complete this financial questionnaire with regard to our firm and **place the completed questionnaire in a sealed envelope showing the return address of the financial institution and forward it to the Offeror shown below.** The requested information must be received **no later than**

Prospective Contractor for which information is being requested:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Point of Contact: _____

Signature of Prospective Contractor or Contractor Representative Requesting Financial Information

Name of Financial Institution: _____

Type of Account: _____

Average Figure: _____

Does the Contractor have a line of credit? Yes No

What is the limitation? _____ Unused Balance: _____

What is the Contractor's relationship with the bank:

Outstanding Satisfactory Other (explain): _____

How long has the Contractor been a client? _____

Signature and Title of Person providing the above information

Attachment J-11

Preaward Survey of Prospective Contractor Accounting System Checklist

Solicitation: N39430-16-R-1802

Company Name: _____

Address: _____

City, State, Zip Code: _____

General Instructions:

In the past 36-months, has the Defense Contract Audit Agency (DCAA) performed an audit or review of the adequacy of the company’s accounting system design and for performing on cost reimbursable contract(s)?

- If “yes”, complete Part 1-DCAA Audit Report Information.
- If “no” complete Part 2- Preaward Survey (SF 1408) of Prospective Contractor Accounting System Checklist.
- If the DCAA accounting system audit is currently “in-process”, complete Part 1, item c.

PART 1 – DCAA Audit Report Information:

a. DCAA Audit Report Number: _____

b. DCAA Audit Report Date: _____ (date must be on or after March 1, 2013.)

c. DCAA Office performing the accounting system audit or review (Office Name, Address, City, State, Zip Code):

PART 2 – Preaward Survey (SF 1408) of the Prospective Contractor Accounting System Checklist.

[FAR 16.301-3 states that a cost-reimbursement type contract may be used only when the contractor’s accounting system is adequate for determining costs applicable to the contract. If no information is available in the DoD Activity files to make this determination, a Preaward Survey of Prospective Contractor’s Accounting System (SF1408) can be requested from DCAA. Before DCAA begins such an audit, the offeror must complete this checklist to ensure they understand the requirements of the SF1408, and to ensure they are ready for DCAA to come in and perform an audit].

**PRE-AWARD SURVEY (SF 1408)
OF PROSPECTIVE CONTRACTOR ACCOUNTING SYSTEM**
Date: **XX/XX/2015**

Company Name , Contract Number, and <u>Full Address:</u>	Click here to enter text.
Commercial and Government Agency (CAGE) Code Number: (found at http://www.dlis.dla.mil/cage_welcome.asp)	Click here to enter text.
Data Universal Numbering System (DUNS) Number: (FAR 52.204-6)	Click here to enter text.
Cognizant Defense Contract Audit Agency (DCAA) office info (Address / ph # / eMail) – (found at http://www.dcaa.mil/office_locator.html)	Click here to enter text.
Company Point of Contact: (Name, Title, Phone Number, and E-mail address)	Click here to enter text.

Name, Title, and Signature of Company Principal (President / VP / Controller, etc) responsible for the design of the Accounting System.

Name

Title

eMail Address

Signature

Date

PLEASE ANSWER QUESTIONS BELOW:

HAVE YOU READ THE REQUIREMENTS IN THE SF1408? YES NO

HAVE YOU READ THE DCAA PUBLICATION 7641.90 -
"Information for Contractors" ON DCAA's WEBSITE at YES NO
<http://www.dcaa.mil/>

For each Question, check only one box. ALL Questions must have explanatory narrative text entered in the boxes. Please provide sufficient detail to describe the process (Including Account Numbers / Process Flow etc.). Each Question must be complete. Do NOT refer to previous answers, (i.e. "See Question 3 Above").

h. Has your organization's Accounting System ever been audited by DCAA?

YES (if YES, the Offeror should attach a copy of their most recent DCAA audit report to this Modified Pre-Award Survey or provide DCAA Report # or DCAA POC info.)

NO (if NO, answer N/A to Questions 1.A., 1.B., and 1.C. below)

• **If the answer is "Yes" to Question 1 above, when was the audit performed?**

Within the past 1 Year

Within the past 3 Years.

Greater than 3 Years (PROVIDE THE YEAR THE AUDIT WAS PERFORMED HERE - ____)

N/A (Answer to Question 1 is NO)

• **If the answer is "Yes" to Question 1 above, did DCAA determine the Accounting System acceptable for award of prospective contracts?**

YES

NO (if NO provide an explanation in the box below)

N/A (Answer to Question 1 is NO)

Click here to enter text.

- **If the answer is “Yes” to Question 1 above, have there been any changes to the Accounting System since the DCAA audit?**

YES (if YES, describe the changes in the box below)

NO

N/A (Answer to Question 1 is NO)

Click here to enter text.

- i. **Is your organization subject to CAS (48 CFR Chapter 99)?**

YES (If YES, is it FULL or MODIFIED CAS?) **FULL** **MODIFIED**

(If YES (FULL or MODIFIED), the Offeror MUST attach a copy of their most recent audit reports/documentation regarding all CAS compliance or non-compliance issues to this Modified Pre-Award Survey)

NO (if NO, provide an explanation in the box below why your organization is exempt and answer N/A to Questions 2.A., 2.B., and 2.C. below)

Click here to enter text.

- **Has your organization submitted a CASB disclosure statement (CASB DS-1) to DCAA and has it been determined adequate?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (Answer to Question 2 is NO)

Click here to enter text.

- **Has your organization been notified by DCAA that it is in (or may be in) noncompliance with its disclosure statement or CAS?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (N/A, if the answer to Question 2 is NO)

Click here to enter text.

- **Is any aspect of this cost/price proposal inconsistent with your organization's disclosed practices or applicable CAS?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (N/A, if the answer to Question 2 is NO or if you have no current, active proposal being considered)

Click here to enter text.

Instruction: If the Contractor is planning on bidding on Cost Type Contracts, the contractor MUST provide explanatory narrative for all of the following questions:

j. **Has your organization's Accounting System been audited by an outside Certified Public Accountant/Consultant or other Cognizant Federal Agency other than DCAA?**

YES (If YES, the Offeror MUST attach a copy of their most recent audit report to this Modified Pre- Award Survey) **NOTE: Do not submit your Annual Financial Audit.**

NO

k. **Is your organization's Accounting System currently in full operation?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below which portions are (1) in operation, (2) set up, but not yet in operation, (3) anticipated, or (4) non-existent)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

l. **Is your organization's Accounting System in accord with Generally Accepted Accounting Principles (GAAP) Applicable in the Circumstances?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

m. **Is your organization's Accounting System ready for a DCAA audit?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below as to when you will be ready for an Audit)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

n. **Are the loaded hourly labor rates proposed in your cost/price consistent with your established estimating and accounting principles and procedures and FAR Part 31, Cost Principles? (Answer this Question "N/A" if you do not have an active proposal or proposed loaded hourly labor rates.)**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

o. **Does the Accounting System provide for the proper segregation of Direct Costs from Indirect Costs?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

p. Does the Accounting System provide for the identification and accumulation of Direct Costs by contract?

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

q. Does the Accounting System provide for a logical and consistent method for the allocation of Indirect Costs to intermediate and final cost objectives? (A contract is a final cost objective.)

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

r. Does the Accounting System provide for the accumulation of costs under general

ledger control?

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

s. Does the Accounting System provide for a timekeeping system that identifies employees' labor by intermediate or final cost objectives?

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

t. **Does the Accounting System provide for a labor distribution system that charges Direct and Indirect labor to the appropriate cost objectives?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

u. **Does the Accounting System provide for an interim (at least monthly) determination of costs charged to a contract through routine posting of books of account?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

v. **Does the Accounting System provide for an exclusion of costs charged to government contracts of amounts which are not allowable in terms of FAR 31, Contract Cost Principles and Procedures, or other contract provisions?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

w. **Does the Accounting System provide for the identification of costs by contract line item and by units (as if each unit or line item were a separate contract) if required by the proposed contract?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

x. **Does the Accounting System provide for the segregation of preproduction costs from production costs?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

y. **Does the Accounting System provide financial information as required by contract clauses concerning Limitation of Cost (FAR 52.232-20 and 21) or Limitation on Payments (FAR 52.216-16)?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

z. **Does the Accounting System provide financial information required to support requests for Progress Payments?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

aa. **Is the Accounting System designed, and are the records maintained, in such a manner that adequate, reliable data are developed for use in pricing follow-on acquisitions?**

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

bb. Is your organization planning on submitting proposals on Cost-Type (FAR 16.3) contracts/task orders?

YES (if YES, provide an explanation that validates your answer in the box below)

NO (if NO, provide an explanation in the box below)

N/A (if N/A, provide an explanation in the box below)

Click here to enter text.

cc. Is your organization currently performing on Cost-Type (FAR 16.3) contract/task orders?

YES

NO

N/A

Click here to enter text.